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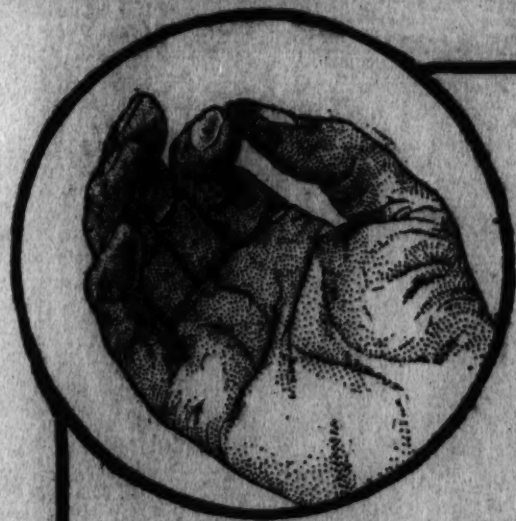
MAY, 1910

O. C. WELBOURN, A. M., M. D., Editor

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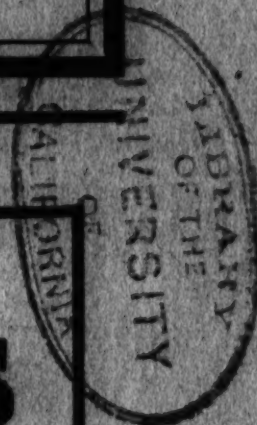
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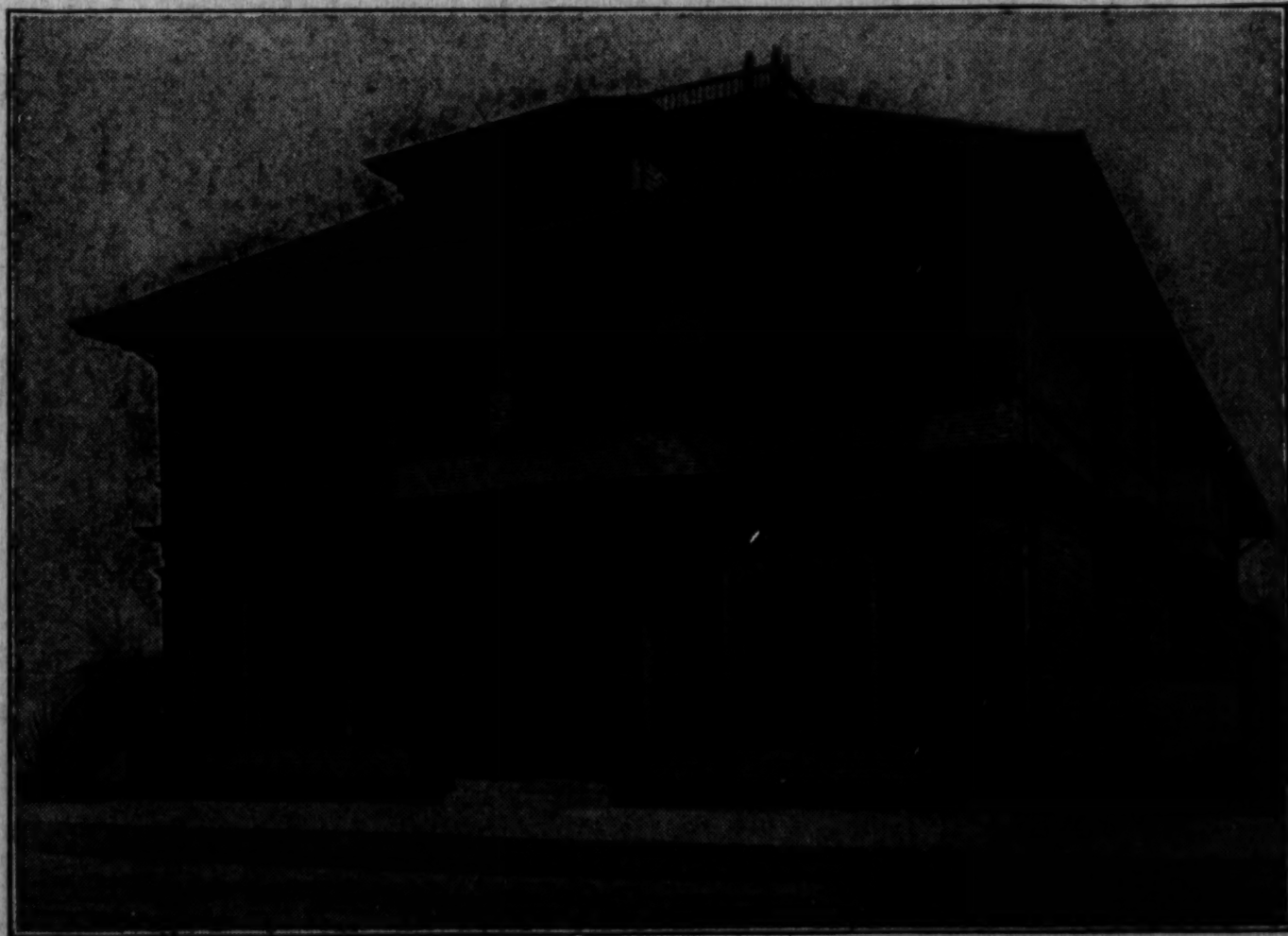


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The California Eclectic Medical Journal

Vol. III

MAY, 1910

No. 5

Original Contributions

A BRIEF REPORT ON THE USE OF SOME OF OUR NEW REMEDIES.

Ovid S. Laws, M. D., Los Angeles, California.

I was well pleased with the April number of our Journal. I had been waiting for Dr. Kunze's report concerning *Baccharis Glutinosa* for some time. I have been using a tincture of the tender shoots and leaves for at least fifteen years with constantly increasing confidence in its value. Nothing gives me greater satisfaction as a kidney remedy. It is not much of a diuretic, but will relieve an obstruction to a free flow of urine through the kidneys. I think it helps to correct any excessive flow also, as I used it in connection with boric acid recently in a bad case of diabetes insipidus. Both of the agents are said to be diuretics, yet they cured this case in a few days.

I gave them alternately No. 1 capsules, filled with boric acid and one capsule given three times a day, and *baccharis*, drams two, in water, ounces four, one teaspoonful given three times a day. As there was threatened paralysis of the lower limbs I added ten drops of specific tincture of *nux vomica*. The *baccharis* was given for the painfulness and frequency of urination. I think *baccharis glutinosa* will do as much good in a case of Bright's disease as any other remedy. It was given recently to a very old man for chronic, painful and frequent urinations coupled with pains in the back and hips. To my surprise he was much relieved by a few doses and by the time he had finished four ounces he was fairly comfortable. but after a week or two felt the need of more and got another bottle which has kept him easy for several months. I never have used the roots of the plant as the leaves are easy to get and make an effective remedy.

Boric acid has been for more than twenty years my remedy for excessive urination and it does the work every time and in a few days. I use it alone except where there are strong indications for something else, as in the above mentioned case, where I gave *baccharis* for the pain and frequency. The dose of boric acid need not exceed three grains in some cases, but

some years ago I had to run it up to about ten grains for an old soldier from Sawtelle.

Anemopsis is still proving its value in catarrh and coughs that strongly suggest consumption. A young man is now using it for catarrh who had lost the sense of smell. In order to restore that I gave him a lotion made of anemopsis, one part to three parts water, to be used with cotton in the nose, one side at a time, for an hour or more. It has restored the sense of smell to some extent, but will be continued. He is using it internally three or four times a day. I usually put two drams in four ounces of water and give teaspoonful doses, but as it is quite pungent, some patients cannot tolerate it even at half that strength. It loosens up the tough mucus and in large doses increases the secretion. It has a fine effect in dry forms of asthma in conjunction with lobelia and is more permanent in effect, even curative in some cases.

In cases of consumption it is the first thing I think of. I use it alone or in mixtures with echafolta and specific thuja. In chronic bronchitis anemopsis should be used in thin syrup or strained honey in most cases. I am glad that Lloyd Brothers have put it on the market and recommended a free use of it.

Let me say to Dr. A. F. Stevens that our growing interest in specific medication in California does not indicate any notion of "giving up the ship."

THE TREATMENT OF PLACENTA PRAEVIA.

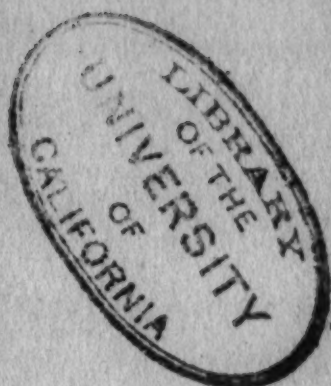
Dr. O. C. Welbourn, Los Angeles.

Read before the Electic Medical Society of California.

The practitioner when in a reminiscent mood should not fail to return thanks to whatever gods that be "that placenta praevia is rarely seen." Likewise when indulging in roseate dreams of the unfolding future, this reflection increases that feeling of complacency. However, the great average of frequency does not insure one against two cases in succession, and it is well to be prepared.

The diagnosis is not difficult. The usual supervision has been exercised by the doctor with everything apparently going smoothly. Suddenly there is a profuse hemorrhage from the vagina and the patient and her friends are greatly alarmed. She goes to bed and the doctor arrives. An abdominal and vaginal examination is in order, and if he is conscientious he will be scrupulously careful of his asepsis, for a patient in this condition is readily infected. She has told him that she is in the seventh month and the physical signs

confirm this. The vaginal examination shows a pregnant cervix with blood oozing from the os. The index finger may be readily introduced and at once comes in contact with the uterine surface of the placenta. The sensation is quite different from that imparted by the membranes, but if any one of my hearers is unfamiliar with it, I urge upon him to practice on a newly delivered placenta. However, the internal os may not be entirely covered by the placenta, in which case the finger will touch both membranes and placenta. It is necessary to make this differentiation, for the incomplete case is much less serious and a waiting course of treatment may be adopted. It will consist of mental and bodily quiet with such remedies as may be specifically indicated from time to time. On the other hand should the placenta praevia be complete, preparations must be made to deliver as soon as possible, remembering that every care must be exercised to protect the life of the mother. The fetus is usually poorly developed, and this, together with the period of gestation, make its capabilities for life very weak. Having decided to deliver, it is necessary that the patient be put in a hospital or other place where the most rigid asepsis can be maintained. Each person assisting at this operation must be not only skillful but thoroughly hardened to the sight of blood. The usual preparations to overcome shock from loss of blood must be carefully made and their use placed in competent hands. The patient having been properly prepared, the first step is to dilate the vagina. This is best done by using inflatable rubber bags in graduated sizes. Take plenty of time and do it thoroughly so that you will not be embarrassed by lack of room at a critical moment. Next dilate the cervix rapidly but effectually. An insufficiently dilated cervix may cause the death of your patient. This dilatation is best done by means of a Bossi dilator, though it is possible to do it with the hand or by means of these same rubber bags used in dilating the vagina. The time occupied in the dilatation of the cervix should not be more than three or four minutes, for in complete cases the blood will pour out of the vagina like water out of a pump spout. It is a most harrowing experience and one that should not be undertaken by the dilatory or faint hearted. Sufficient dilatation having been attained, the dilator is quickly removed, the hand shaped as a cone and pushed through the placenta with a boring motion. One or both feet are grasped and a pedalic version executed and the child is immediately delivered, using forceps or whatever is necessary to deliver the head. At this moment of delivery it is absolutely essential that the uterus be firmly contracted. This is best accom-



plished by the Crede method, and it should be the only duty of one experienced assistant. Any favorite method may be employed to remove the placenta provided it is done speedily. Time is a very important factor in this operation. It should be entirely completed within ten minutes.

The convalescence will be protracted. The complication to be feared is sepsis, but if no one present has fallen down on the aseptic technic this will not appear.

It should be the only duty of one assistant to care for the child; artificial respiration, etc., will be necessary to give it a start. Afterwards an incubator will be needed. It is well to try to save the child, advising the friends, however, that nothing should be expected. In a case of complete placenta praevia the life of both mother and child are inevitably lost if no aid is given. The primary object of the operation is to save the mother. Should the child be saved also, well and good. But do not try to save both with the result of losing both.

SPRING TIME.

J. Fearn, M. D., Oakland, California.

By the time these lines reach the reader, in most parts of our land, the words of the wise man will be true where he says: "For lo, the winter is past, the rain is over and gone; the flowers appear on the earth, the time of the singing of birds is come." And what a lovely time it is.

The poet sings:

May, thou month of rosy beauty,
Month when pleasure is a duty,
Month of bees and month of flowers,
Month of blossom laden bowers.

I remember many years ago I had spent the winter in the high Sierras where everything was covered with snow, not a green thing in sight. Business took me down the mountain thirty miles or more to a much lower altitude. It was warmer there, the snow was fast melting, streams of water were running down the hillsides and green plants and vegetation was springing up on every side. How beautiful and lovely it seemed to me who had seen nothing but the beautiful though glaring snow for months. The birds were already singing and evidently bent on home building. Surely the beauties of spring and early summer must be especially dear to the doctor who through the winter has had to brave the storms by night and by day, and especially to the Eclectic doctor must it be a pleasurable time, for wherever he turns

his gaze, on the mountain sides, in the valleys, by the side of the water courses or in the woods and thickets, he sees herbs and plants which have been provided by a gracious Creator for the service of man and which the Eclectic fathers have studied and used with success in the fight with disease. From the ocean shore right up to a very high altitude California is rich in medicinal plants, and to me it has been a great source of pleasure and delight to get acquainted with them. Personally I had the advantage of early training in these matters. My father, a great nature lover, used to tell me there was not a physical ill to which man was subject but there could be found in the garden of nature an herb which, properly used, would not either cure the ill or relieve man's sufferings under the ill. And it is a well known fact that some of the simplest are the most potent for good. I remember hearing when I was only a boy the saying of a noted English physician. He declared, speaking of water cress, an herb which is eaten largely as a salad on both sides of the Atlantic, "that if everyone knew of the virtues of water cress it would be gathered so close that it would soon be difficult to find it."

It would well pay our doctors to gather many of our medicinal plants and tincture them. Dr. J. M. Scudder in the Eclectic Medical Journal during the eighties frequently called attention to this work under the head of office pharmacy. In those days I was not as busy as I have been of late years and I was proud of the array of fluid medicines I prepared from the indigenous drugs in Ohio. They looked nice and clean, they were free from dirt, they had the odor and taste of the drug, they did good work and were generally prepared of the strength of eight ounces to the pint of finished preparation. I wish especially that the younger men of the profession would do this kind of work; it would pay, I know, and it would be a recreative study. All the needed knowledge as to the strength of the menstrum and general manipulation can be obtained from King's American Dispensatory.

Of course there are some of our active remedies that are plentiful East that we do not find here, as for instance *podophyllum*, *peltatum*, etc. I have seen *phytolacca decandra* apparently doing well here in California, but so far I prefer to get specific *phytolacca* coming from our Eastern and Western States. *Marnbrium bulgare* grows here in abundance. *Hamamelis* seems to be at home in the Santa Cruz mountains. *Berberis aquifolium* is at home in many parts of the States as well as in Oregon and Washington. *Grindelia*s are with us. *Eucalyptus* has made a home here. *Capsella bursn pastoris* *toraxacum*, *poplars*, wild carrot, *ephilobium augusti-*

folium, rhamnus Californica, salix nigra, galium apperine and a host of other good and very useful plants that I know and many I see daily, but I hesitate to take Journal space to mention them. But let me say that this article comes to your attention at just the moment when it is best to give attention to them.

If you wish to become acquainted with the medicinal plants of California there are two books to which I would call your attention. First, "Wild Flowers of California," by Parsons and Buck, and another, "Flora of Western Middle California," by Jepson.

PTOMAIN POISONING.

J. Beechler, M. D., Soquel, California.

These are nasty cases and we must know just what to do with them at once and make no mistake. The one suffering expects quick relief. Wash out the stomach and the bowels with an antiseptic solution, give Hyasacymus gr. 1-1000 and strychnine gr. 1-30 for the pain. Then push the sulphocarbolates to the limit. Should you find him in a spasm, give Glonin 1-250 every five minutes to dissolve upon the tongue until three are given, to cause the capillaries to pump the blood to the brain. Atropine will do in some cases.

Use the sulphocarbolates dissolved in warm water, one grain in each injection (high up enema), same way solution for both the rectum and stomach, and your patient will be all O. K. in eight hours.

Now for a short one where the alkaloids are not to be had. Inject 1-10 gr. if patient is rigid, if not 1-20 gr. and high up enema with warm water and olive oil, also sulphocarbolates to the limit.

Now another one is best grain alcohol and glycerine, aa, given instantly in great big quantities often will sometimes be quite sufficient.

THE PACE THAT KILLS.

J. A. Munk, M. D., Los Angeles, California.

The artificial life of modern civilization has made great strides during recent years in what is called progress, but at what a terrific cost of human life has it been brought about? Everything goes with a rush and the wear and tear of living machinery is something frightful. The speed at which we live is surely the pace that kills.

The time was when men lived moderately and modestly

and were all the happier for so doing. They obeyed the natural laws and lived near to nature. Their needs were few and simple and the daily lot was happiness and contentment. When we stop to think of those days and compare the life as then lived with what is passing now, we are tempted to wish for a return of the simple life.

The things that have happened in the world's progress during the past century are marvelous and wonderful to contemplate. With the introduction of steam and electrical power came speed; a mad desire to move rapidly, to do many things quickly and to accomplish great results. One invention after another has been discovered to aid man in compassing time and space. But the speed craze does not stop at machinery, which represents only the material plain, but has also invaded the higher mental and moral spheres. From a pure desire to go steady and do right at the beginning, man has changed and become possessed with the speed idea along all lines, regardless of consequences. His striving has become more and more sordid and selfish and culminated in the one ambition to become immensely rich, which has caused him to drift far from his high ideals of honesty and integrity.

The popular craze is to amass wealth and accumulate dollars in such numbers that individual fortunes amount to hundreds of millions. Such a piling up of great riches by a few individuals is wrong, as it destroys the balance of society and widens the distance between the rich and the poor. In this unnatural and unreasonable scramble for money men have changed in many ways, but the one thing most to be deplored is the loss of honesty. The man who is out for the almighty dollar has no conscience and will stoop to anything to accomplish his end. He does not hesitate to deceive his best friend if he can profit by so doing, and his methods for acquiring money are even more reprehensible than those of the common thief. Men who stand high in church and state commit such acts of perfidy repeatedly and seem to think nothing of it. They have no compunction of conscience nor feeling of pity for those they have ruined and their only concern seems to be how to evade the law and keep out of jail.

This crazy grasping after money leads to many evils and tends directly to form monopolies by the concentration and combination of large capital. Monopoly kills competition and competition is the life of trade. When a man accumulates millions like Rockefeller, dollars that he does not need and cannot use, he puts out of business and impoverishes thousands of small dealers. His money may eventually be given to charity but that does not help those that have been robbed. Any man

who uses unscrupulous methods for increasing his wealth, whatever his standing may be, is an undesirable citizen and an enemy to the community in which he lives. To check this evil of extravagance a legal limit should be put upon the amount of money any one individual may acquire.

The poor laboring man envies his rich neighbor and is apt to think that he owes him a grudge and tries to get even with him for some real or fancied wrong. He joins a union that he may the more successfully combat his enemy, when labor and capital clash. Union bossism is just as bad as corporate greed. Each tries to take an unfair advantage of the other and get something for nothing. Both are in error and no two wrongs can ever make a right. Unless there is a speedy return to sanity and honesty in business the nation is in great danger of anarchy and ruin.

The advent of steam and electricity changed the speed standard. Prior to their use man gaged speed by his own gait and had the right of way upon all occasions. His standard of speed was slightly increased by the pace of old Dobbin, the family horse. After horse vehicles came the steam engine and trolley cars, the bicycle, motorcycle and automobile and lastly the flying machine. The great speed of these various means of rapid transit on wheels, moving rapidly in every direction across the landscape, both on city streets and country roads, has become such a confusion and menace to the pedestrian that it is no longer safe for any one to appear afoot and alone on the public highway. This increased speed is perhaps inevitable as a factor of modern progress, but the large toll of life which the swift pace exacts is appalling.

To adequately meet the new requirements of speed and make it reasonably safe, a school of instruction would seem necessary for re-educating the senses and fitting them for existing conditions. The great change that has been made from slow to rapid motion by the new methods of travel makes it imperative for people to modernize and adjust themselves to the new order of things. This is more easily said than done as it is about as hard to unlearn the old as it is to learn the new. Particularly is this true of old people who are apt to take too much for granted and do not take kindly to change. They are naturally inclined to fall behind in the race with time and the progress of events and need more than ever to use caution. With years the senses become dulled and old folks fail to notice the things that pass as they once did in youth. Even when every precaution is taken it is sometimes impossible to escape the rush of vehicles and the helpless vic-

tim is caught and ground under the wheels of the modern Juggernaut.

It behooves everyone who travels to heed the warning sign at the railroad crossing to "Stop! Look!! Listen!!!" and then wait some. First be sure that you are right, then go ahead.

COLLINSONIA CANADENSIS.

E. Mather, M.D., Detroit, Mich.

Read before the Los Angeles County Eclectic Medical Association.

I wish to draw your attention to a plant commonly known as "stone root" or "knob root." It is one of the most valuable of indigenous American medical plants. Being widely distributed, it is found in richly wooded soils from April to October in all sections of the United States. *Collinsonia Canadensis* possesses a rank aromatic odor and is hot and somewhat pungent to the taste.

Now its principal medicinal constituent appears to be a volatile oil.

All parts of this plant are used in medicine, the root being the most powerful, and the portion usually employed, as it yields its virtues to water and alcohol; it may be administered in the form of a powder or as a tincture or the infusion.

The dose of the powdered root varies from five to thirty grains, the tincture from ten drops upwards to one drachm; the infusion from one to four ounces.

The physiological action of *Collinsonia* very much resembles hayberries and stone crop; now intermediate between the two it will be found an astringent to the mucous surfaces and a bactericide of considerable power, besides equalizing chaotic nerve centers. It will be very highly esteemed in all disordered states of the alimentary canal.

It will be found to starve out both gastric and intestinal sarcinae.

Its action upon all the organs contained in the pelvic region is found good, relaxes the ureters, promotes an increased flow of urine, facilitates the expulsion of calculi, and diminishes the irritability and general sensitiveness of the bladder.

Found very useful in acute cystitis and in chaotic nervous affections, chorea, very valuable in neurosis of the vagina, good in whooping cough.

Collinsonia will be found of great utility in piles. Take tincture of hamamelis, tincture of *collinsonia*, tincture of *euonymus* of each equal part. Teaspoonful in water every four hours.

Collinsonia will also be found very useful upon the urethra, prostate and rectum, I find Lloyd Brothers' Specific Medicines reliable.

FULGURATION AND STATIC BRUSH DISCHARGE.

Almo De Monco, M.D., Denver, Colorado.

Fulguration by Keating Hart's method provides for the treatment of tumors in two stages. A first stage in which the surgeon removes the cancerous masses as completely as possible, whereupon the electrotherapist treats the wound thus created with a shower of high frequency sparks, these being long and copious, such as generated by specially constructed coil of tremendous voltage and considerable amperage, the application to the affected parts accomplished by special electrodes. The length of spark is one of the most important factors of the intervention. We must bear in mind that the short spark produces very pronounced and chemical effects giving rise to a hard scar that undergoes contractions. The long spark on the contrary produces all the effect of a blow, so we get oedema of the parts under treatment with little or no sloughing. Finally there is a copious exudation of lymph lasting for several days after the operation, which is followed by suppuration accompanied by very active granulation.

When the wound has been sparked for some time it becomes of a dark hue and the oozing stops. There is a little oedema and this gives it a peculiar softness under the finger, in fact, the region is said to be "padded," i. e., the proper condition in which to leave it. The operation thus completed is left gaping and a flat dressing applied.

The foregoing gives in as few words as possible the latest French method of after-treatment of malignant growths and so far has proven quite successful.

The French apparatus designed for fulguration is expensive and quite complicated and in the opinion of the writer will not prove as efficient as a powerful static machine of American manufacture of the present year's vintage. The modern static machine is almost unknown in continental Europe, even such an electrotherapist as de Arsonval having purchased one in this country a few years ago; therefore such powerful modalities as the static brush discharge and blue pencil flame are almost or quite unknown, hence their investigations are entirely confined to the development of the coil and its application to therapy.

The static brush discharge may be described as an unidi-

rectional convective discharge of a very high potential, violet color, rich in violet, blue violet, and ultra violet rays, attended with the formation of large quantities of ozone and nitrous oxide.

A static machine capable of generating at least one M. A. (1.) at a very high potential is essential. The electrodes are also of great importance and should have terminals such as a wooden ball of one to two inches in diameter, a wooden point, a small sharp metal point, and a small metal ball. The wooden terminals are to be constantly maintained at the proper degree of moisture which experience will soon teach us. If too wet, the discharge is very disagreeable to the patient.

We are to seat or recline the patient, as is preferable, on an insulated platform or table, said platform or table to have insulated legs of at least nine inches in length, because if our machine is capable of generating the amount of current necessary, why allow it to waste?

Connect the patient to the negative side of the machine matalicaly, (and be sure to test the machine first) and ground the positive to a perfect ground connection. If we wish to have contact with the patient's feet, the shoes and stockings must be removed because the sparks coming through the shoe nails will prove very disagreeable. Then ground the wooden electrode to a separate ground; this ground must be entirely separate and away from the ground attached to the positive side of the machine. Some operators endeavor to administer all forms of static treatment without any grounds, when two are always required. Be sure the discharging rods of the machine are wide apart. The operator should then assume his proper position and have an assistant start the machine very slowly, and bring it to the proper speed at the discretion of the operator, hold the electrode armed with proper terminal at a distance of ten to fifteen inches from the part to be treated. Give close attention as the machine is gradually increased in speed. When the machine is running slowly and the electrode has the wooden ball terminal, the discharge is spasmodic and sputtering. Now change the terminal to the small metallic point and graudally speed up the machine to full capacity and you will get a concentrated convective discharge and finally a blue pencil flame which in the opinion of the writer at the present time is destined to become famous for fulguration purposes. Never suddenly withdraw your electrode while the machine is running at full or even half speed; one experience of this kind will prove sufficient. Always gradually slow down the machine, having the assistant do this while you keep the electrode in position. If something

should demand an immediate cessation of the treatment short circuit the machine by placing the electrode in contact with the metallic place on the platform or table.

The sputtering discharge emitted when the machine is running slowly is not unlike in sensation to a collection of fine sparks or hot grains of sand accompanied with cool air, and should be administered by keeping the electrode constantly moving about the parts treated.

The blue pencil discharge differs from the sputtering discharge because of the greater rapidity or frequency of the discharges giving luminosity; the air subjected to this enormous bombardment of electrical particles becomes luminous.

The ozone, nitrous oxide and all the rays before mentioned have a most pronounced antiseptic action and are most efficient in destroying certain infection. The ozone and nitrous oxide is also present in therapeutic quantities, which can be proven by the use of a starch and K. I. solution.

The blue pencil flame should always be applied directly to the skin or wound, and the rapidity with which the skin is tanned proves the presence of ultra violet rays in therapeutic quantity.

The brush discharge contracts first the capillaries—blanching the skin—the dilatation occurs and hyperemia etc., takes place, the duration of which depends on current potential and length of exposure.

In treating an ulcer or open wound with the brush discharge, the surface becomes coated temporarily with a shining glaze or film. The blue pencil flame produces drowsiness and is followed in two hours or even less time by positive sleep; hence it is specifically indicated in nervous unrest, insomnia, neurasthenia, alcoholic or other excesses, producing rest and refreshing sleep. Repeated applications along the entire spine and over the abdomen increases peristalsis as is proven by effect on the stools. After a twenty minute application the patient is frequently in a gentle perspiration, thus enhancing elimination.

Several writers have observed a very marked increase of haemoglobin in patients treated by positive insulation, followed by the brush discharge, and it is the writer's experience that this occurs in a more or less degree with every modality of the static current. The results in a tabulated form are too long for this article. They can be easily demonstrated by those who may so desire and are in possession of a suitable static machine.

The brush discharge is to be thought of in all cases of lupus, psoriasis, herpes zoster, eczema, acne, and other skin

affections, the writer having cured one case of lupus vulg. of nine years duration, in forty applications, using the wooden ball and pencil terminals, each application of twenty minutes duration, and made daily for a time.

Synovitis subjected to the Morton wave modality for twenty minutes, followed with the brush discharge for ten minutes, is very satisfying to patient and physician. It is understood that where pus is present it should first be evacuated—surgical oedema, contusions, fractures, ecchymosis, and lacerated wounds, are always greatly enhanced in healing by the judicious use of the brush discharge. The pleasant part is the quick removal of pressure and the consequent relief of pain.

Most gratifying effects have resulted in severe cases of neuritis of the sciatic nerve, due to prostatitis. So-called lumbago, due to prostatitis (gonorrhoeal in origin) has been quickly and permanently cured by the brush discharge concentrated to the blue flame.

In conclusion, I wish to advise all physicians in possession of a static machine of such efficiency as herein described, and not valued for fancied psychological purposes, to give the static brush discharge some practical use and collect large interest on the monetary investment.

THE CURE OF HERNIA.

Geo. D. Coe, M. D., San Francisco, California.

In the November number of the Journal Dr. Gere has an article on the Cure of Hernia in which he depreciates the injection method and strongly favors the radical operation by the knife.

I would like to say something through the journal, in reply to the doctor and in favor of the injection method.

I have been using the injection treatment for the cure of hernia for about twelve years, and for the last eight years in California have made a specialty of this treatment.

From this experience I want to state a few facts in favor of the injection method, that I have learned in regard to the treatment from that best of teachers, experience.

I unhesitatingly say, from that experience, it is the best treatment for the cure of hernia so far known for proper cases.

The points of superiority the injection method has over the cutting operation are:

1st. Its certainty, for by it all proper cases can be quickly and permanently cured.

Proper cases: All recent cases, as well as all cases of long standing, that have been properly retained by a truss, can be cured by this treatment. This will be about 75 to 80% of the cases as they come, leaving 20 to 25% that can be cured only by the knife.

2nd. And perhaps the greatest advantage for the injection method is, that no time is lost from business or work, while undergoing treatment. I treated and cured two ship blacksmiths who were at work at the Union Iron Works, and neither of them lost any time from their work on account of the treatment. Also two stevedores, who worked every day while they were being treated. One of them over a year later passed the necessary physical examination and was taken upon the city police force.

Very few who are suffering from hernia can afford to lay up from their work or business and lose the necessary time for an operation, which cannot under the most favorable circumstances be less than one month, with the chances, that it might be three or more before he can work, in comfort. This to some would mean the loss of his job, which in some cases would be an almost irreparable loss. I have many earn the money to pay for the treatment while being treated and very few, who are treated, have the money on hand when they begin treatment to pay for it.

3rd. There is little or no pain during or after treatment. I have successfully treated children less than four years old, and many men over seventy. Few surgeons will put a man over seventy on the operating table for such an operation.

I cured a Mr. Charles Wood, now at the Soldiers' Home, at Yountville. He was a soldier during the Civil War; is now seventy years old. He was a clerk in the Quartermaster's Department in the U. S. Army, at Manila, following the war with Spain. He became ruptured, and the Chief Surgeon at Manila declined to operate on him on account of his age. He came to San Francisco in 1903 and began treatment in August of that year. Today he is an earnest advocate of the injection method of curing hernia.

4th. People have a horror of the knife, and one hundred will avail themselves of the injection treatment where you can induce ten to be operated on.

5th. The short time required to effect a cure.

Treatments are given once per week and on an average eight treatments will effect a cure. And I am confident a fluid will yet be discovered that will effect a cure, in most cases, in one to three treatments.

Dr. Gere says, "statistics show that of cases treated by injection method, applied indiscriminately, about one-third are cured. Another third are benefited while the remainder are unchanged."

Taking into consideration the short time in which the injection treatment has been on trial, undergoing its experimental stage, I will say, that is a pretty good record. Better than can be said of the cutting operation.

Cases operated on by the cutting operation, taken indiscriminately, statistics show 40% of failure. Besides those who were not cured were in many cases worse off than before the operation. I have had quite an extended experience with this class of cases, many of which can be cured by the injection method. And there has been no time since I have been doing this work in San Francisco, that I have not had one or more cases under treatment that had been operated on and failed to stand. I have three of this class of cases on hand at this time.

I have had within the present year one of this class of cases after I had treated him pass the necessary examination and taken upon the police force of the city. These examinations are most rigid.

From observations with the injection treatment, and in operations on cases where the injections had failed, and on cases where adhesions had formed, the following conclusions are made:

All recent cases as well as all cases of long standing, that have been retained by a truss, can best be cured by the injection method. All cases that have been neglected so that adhesions have formed of the sac or sack and omentum are only curable by the radical operation.

Where there is a hernia with an undescended testicle or any disease of the cord or testicle, use the knife, as it is the only means that will give satisfactory results.

I do not undertake to cure very fat persons with the needle, in cases of inguinal hernia, as fatty tissues will not hold, in cases. But an umbilical hernia in such persons can be cured, if the opening does not exceed three-fourths of an inch in its transverse diameter and adhesions have not formed.

Much more could be said on this subject, but I deem this sufficient for this time.

**QUESTIONS CALIFORNIA STATE BOARD OF MEDICAL
EXAMINERS, SAN FRANCISCO, APRIL 5, 1910.**

CHEMISTRY.

1. What is the poison in most headache powders? Its effect? Antidote?
2. Mention six elementary substances commonly used in their pure state in medicine.
3. What does the presence of an abnormal quantity of chlorine in drinking water indicate?
4. How would you detect the presence of bile in the urine? Give two tests.
5. Give the reaction, specific gravity, and percentage of fats in normal cow's and woman's milk.
6. Mention a secretion in the body that contains cholestrin, one that contains pepsin and one that contains trypsin.
7. What antidotes should be used in phosphorus poisoning? Explain the action of each.
8. Define and illustrate (a) capillary attraction, (b) absorption, (c) diffusion, (d) osmosis, (e) endosmosis.
9. In what principal form is nitrogen eliminated from the body? Give the chemical properties of nitrogen.
10. What is the chemical composition of the various renal calculi?
11. Mention one chemical antidote for each of the following: (a) Phenol, (b) arsenious oxide, (c) sulphuric acid, (d) mercuric chloride, (e) oxalic acid.
12. What are the distinguishing characteristics of urates and uric acid as found in the urine? Give test for uric acid.

PHYSIOLOGY.

Answer Ten Questions Only.

1. How and where is lymph formed?
2. Discuss sleep and its causation.
3. Discuss briefly the influence of the nervous system on the digestive secretions.
4. Describe the movements of the intestines during digestion.
5. Explain the effect of expiration on the volume of the brain. (b) Inspiration.
6. Discuss the formation, function and fate of glycogen.
7. What is the physiological difference between the brain of man and that of lower animals?
8. Under what circumstances may functional union be made between fibers of different nerve trunks? What practical value has this operation?

9. Give nerve supply and action of muscles concerned in the movements of the eyeball.
10. Do we determine the function of a nerve by the location or function of the center from which it comes or by its peripheral connections? Give your reasons.
11. What is the effect of a destructive lesion in the posterior limb of the internal capsule?
12. To what extent is the secretion of sweat under nervous control? Vascular?

HISTOLOGY.

Answer Eight Written Questions and Identify Slides.

1. (a) Name the structures found in red bone marrow; (b) Give the function of red bone marrow.
2. Draw diagram illustrating lung tissue, naming different structures.
3. Explain the difference between the mucosa of the endometrium and that of the vaginal portion of the cervix. Also make drawing.
4. Give structure of the tonsil.
5. From which germ layers are the following derived? Pancreas, spleen, large intestine, salivary glands, fat.
6. Draw transverse section of the brain, at a point just anterior to the pons varolii. Name most important parts.
7. Draw diagram illustrating a cell and name all the necessary constituents.
8. Describe the structure of the liver.
9. Explain the difference between the white and gray matter of the brain.
10. What are terminal arteries? Name organs which are so supplied.
11. Identify slides.
12. Identify slides.

HYGIENE.

1. Describe in detail the method of transmission of yellow fever.
2. What measures would you adopt to prevent the spread of typhoid fever during an epidemic?
3. What is septic tank? Describe construction and explain how it acts.
4. What sanitary measures should be adopted in caring for tubercular patients?
5. Name five of the most common intestinal parasites, and give a short description of each.

6. Give three ways of fumigating a room with formalin; also two methods with other disinfectants.
7. What effect have venereal diseases on the propagation of the human species? Explain.
8. How does the hook worm usually enter the human body? What means would you adopt to prevent its spread?
9. Describe the technic of vaccination and give the course of a successful case.
10. What is the period of incubation of the following diseases: Plague, smallpox, diphtheria, scarlatina, measles?
11. What is the object of placing traps on all waste pipes? What danger to health would arise if there were no traps?
12. Describe two types of water filter. What should be accomplished by a good filter?

BACTERIOLOGY.

1. What are the differences in structure, methods of multiplication sporulation, etc., between the blastomycetes or yeasts and bacteria?
2. What changes are produced on the culture media when bacillus coli communis is grown; (a) upon gelatine, (b) in milk, (c) in dextrose, (d) in lactose.
3. Describe the conditions necessary to successfully grow bacillus tetani and the appearance of a stab culture in agar or gelatine about the sixth day.
4. What is the difference between an antitoxin and a bacterial vaccine?
5. Name four (4) pathogenic anaerobic bacteria.
6. Differentiate between bacillus tuberculosis and bacillus leprae, taking into consideration staining, culture peculiarities, effect on tissues and relation to tissue cells of the host.
7. Describe briefly how you would make gelatine plate cultures, using material from a furuncle as the source from which to obtain the germ.
8. Name ten (10) pathogenic bacteria that are gram positive.
9. What do you understand by the opsonic index?
10. How would you sterilize (a) a culture tube of gelatine, (b) a glass container with rubber stopper, (c) a platinum needle in a glass handle.
11. Identification of cultures.
12. Identification of slides.

OBSTETRICS.

1. What zymotic diseases are liable to affect the pregnant and puerperal woman, and how?
2. How soon after the completion of the second stage of labor should the umbilical cord be ligated? How dressed? What are the dangers of improper dressing?
3. What injuries are liable to occur to the birth canal during labor?
4. Under what circumstances are anesthetics indicated in labor? What are the dangers?
5. What are the causes of premature rupture of the membranes? How does it influence the progress of labor?
6. How would you determine if a child is premature at birth?
7. Differentiate between retained and adherent placenta; the management of each.
8. What can be determined by external palpation of the pregnant woman at the eighth month? How should it be performed?
9. What are the so-called false pains of labor; differentiate from true pains.
10. Rupture of the uterus, etiology and symptoms.
11. Give the physiology of menstruation, of ovulation, relation if any.
12. What is inversion of the uterus? Diagnosis and management?

PATHOLOGY.

1. Describe the difference in the pathologic changes which take place in atrophy.
2. Give the pathology of tabes dorsalis.
3. Describe the gross and microscopic changes which take place in the spleen, liver and kidneys as a result of prolonged exposure to malarial infection.
4. What are the postmortem changes usually found in diabetes mellitus in (a) children; (b) adults of middle age; (c) adults of advanced age?
5. What is the average blood pressure in adults fifty to sixty years of age measured in millimeters of mercury; and describe the results if this pressure is exceeded for a considerable time.
6. In bony tissue what variety of malignant growths usually occur and why?
7. Under what conditions is cerebral embolism most likely to occur? What blood vessels are most likely to be affected and why?

8. Describe the local lesion caused by infection by anthrax bacilli; the general or systemic effects and state how infection usually occurs.
9. Describe the condition present in acute dilation of the heart. Give the immediate and predisposing causes and the usual final result.
10. State fully why urinary bladder disorders are so frequent and so resistant to treatment in both elderly men and in elderly women.
11. Identify 2 slides.
12. Identify 2 slides.

ANATOMY.

1. Trace cerebro-spinal fluid from the lateral ventricles to the spinal canal.
2. Describe the rami-communicantes.
3. Name the bones of the tarsus. Use diagram.
4. Indicate, on the diagram, the points of exit from the pelvis of the following nerves: external cutaneous, anterior crural, genito-crural, obturator, sciatic, pudic, superior gluteal.
5. Indicate, on the diagram, the course of the common, internal and external iliac arteries.
6. What veins are without valves?
7. What cranial nerves are distributed to muscles only, i. e., are motor?
8. Give topographical outline of the lungs and bronchi on the anterior chest wall. Use the diagram.
9. Give origin and course of the 11th cranial nerve as far as its exit from the skull.
10. What are the characteristics of arthrodial joints? Give five examples of this class of joints.
11. What is the ischio-rectal fossa, how bounded and what does it contain?
12. When the arm is hanging with palm forward, what bony prominences at shoulder, elbow and wrist are normally in line?

GENERAL DIAGNOSIS.

1. Give the physical signs of a pleurisy with effusion.
2. Give the symptoms of bubonic plague.
3. Give the symptoms and physical signs of aortic insufficiency in the stage of failing compensation.
4. Give varieties, etiology and symptoms of cholera.
5. Give the symptoms of tabes dorsalis.

6. Describe a colles fracture.
7. Give the points upon which you would make a diagnosis of cancer of the stomach.
8. Describe "diabetes mellitus" and differentiate it from "diabetes insipidus."
9. Differentiate rubeola from scarlet fever.
10. Describe the secondary lesions of syphilis.
11. Give the symptoms of a transverse myelitis.
12. Give the symptoms of cholelithiasis.

GYNAECOLOGY.

1. Give the conditions justifying operative measures in fixed retro-displacement of the uterus.
2. Describe a pelvic haematocele and give the usual cause.
3. What is the pathology of pelvic cellulitis and what are the physical signs?
4. Name the most important cause of sterility.
5. Differentiate between a pudendal hernia and a pudendal haematocele.
6. What do you understand by the operation for perineorrhaphy?
7. Give the etiology and pathology of chronic endocervicitis.
8. Describe a case of carcinoma uteri and give some of the most prominent physical signs.
9. Discuss the matter of relative prognosis of cancer of the body of the uterus and cancer of the cervix.
10. Describe the mode of use and purpose of a vaginal tampon.
11. Differentiate between herpes of the vulva and chancre.
12. Name the muscles of the perineum and give the functions of the perineal body.

DR. A. F. STEPHENS.

By E. R. Waterhouse, M. D., St. Louis, Mo.

In the world's history of events, we note two important happenings upon March 17. The first instance was the birth of the great St. Patrick, which will long live in the memory of the Irish, and second was the birth of our staunch Eclectic brother, Dr. A. F. Stephens. Both of these men were great masters in their divergent callings, St. Patrick as a snake charmer and Dr. Stephens as a most aggressive exponent of Eclecticism, and whose writings are familiar to all Journal readers, he being a very able contributor to medical literature.

Dr. Stephens has fallen into the habit of celebrating his birthday once in fifty years, as probably many of you know from the pretty little leaflet that announced his last effort, when upon the evening of March 17, ten of his most intimate college associates paid him a visit which will long be remembered by those present, and in fear that some unforeseen event might prevent their attendance at his next bi-centennial celebration, the whole ten were on hand with their appetites when the supper bell sounded.

Dr. Stephens claims to be a direct descendant of the good old puritan stock who laid the foundation of this glorious country, and that his father was a preacher of note in years gone by, and which largely accounts for his loyalty to the school of American Medicine (which name it should bear instead of Eclectic). But upon this occasion a parchment was presented bearing a huge green seal and embellished with the shamrock and shillalah, and signed by the parish priest, attesting that he was born in County Mayo, Ireland, on March 17, 1860, and expressing a wish that he might be as great a man as was St. Patrick, which document knocked Dr. Stephens completely out of line with his genealogical records. Such a sumptuous supper as was placed before his friends upon this occasion shows Dr. Stephens' sharp eye for business, but he argued that a stomach should be able to stand such a layout once in fifty years. There were all the good things imaginable to eat, with beer for the German, wines for the Frenchman, whisky for the Irish and soda water for the tenderfoot, which was followed by aspirin and headache powders the day after the night before. After passing resolutions to be with Dr. Stephens again at his next fiftieth anniversary, we departed for home on the owl cars, all being able to walk in normal line. Dr. Stephens was the recipient of a silver loving cup from his friends valued at something less than a hundred dollars. Let us all wish Dr. Stephens another fifty years.

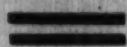
SURGICAL SUGGESTIONS.

A young and apparently healthy man with tendo-synovitis should always be suspected of gonorrhea.—American Journal of Surgery.

Shallow, catching, irregular breathing is characteristic of diaphragmatic inflammation—either peritoneal or pleural.—W. American Journal of Surgery.

In immobilizing the knee-joint the patient is more comfortable and better relaxation is secured if a very slight degree of flexion is maintained.—American Journal of Surgery.

MERRY-GO-ROUND.



Air—"Let Harmony Prevail."

Toot! Toot!

Here comes the good old coffee pot,
All loaded to the brim!
They've brewed a cup of coffee,
That'll fill you full of vim;
In dreams you'll see the Billy Goat,
A hangin' on a limb,
And the candidate a beatin' it for Georgia.

Draw One!

Fruitvale, Fruitvale, oh such a pretty name!
Fruitvale, Fruitvale—perhaps a little tame,
But, oh, that lovely coffee!
It's enough to give you fame,
All the way from Fruitvale to Georgia.

(The Same, Please.)

More Sugar!

Then fill the cup, the steaming cup,
Until it doth run over;
Rah! rah! yum! yum! oh, hear 'em hum-m-m,
Like bumble-bees in clover!

(Another Cup.)

Dinner song for Fruitvale Temple No. 30 Pythian Sisters
and Brothers, written by our friend Dr. C. N. Miller.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

UNITED WE STAND, DIVIDED WE FALL.

A good many years ago the writer attended a public school where McGuffey's readers were in vogue. And quite well do we remember some of the stories printed therein, especially those that partook somewhat of the characteristics of the fable. Recently one of these has repeatedly come to our mind, doubtless suggested each time by its appropriateness to the present status of medical matters.

This is the story:

There is a picture of a man with a bundle of sticks in his hands and surrounded by a number of boys. At the suggestion of the man each of the boys has exerted his utmost strength to break the bundle of sticks, but failed. Unanimously they agree that it cannot be done. Then the man loosens the cords that bind the separate sticks into a bundle and quite easily breaks them one at a time. Some of the boys grasp the lesson and realize the necessity of unity and co-operation and organization, but others see nothing more than a rather uninteresting trick.

The story is an old one and may be forgotten of men, but the axiom taught is indestructable. United we stand, divided we fall.

This is the season for the annual meeting of our local, state and national societies. Are you a member? Doubtless you have a reason, but is it a good one? Is it one that the cashier of a bank would accept for the failure to meet an obligation? Better think it over! You need us just as much as we need you!

BEDSIDE VS. LABORATORY.

Dr. A. F. Stephens, St. Louis.

The dominant idea underlying the regular practice today is that laboratory experimentation upon healthy animals must prove or disprove the curative power of drugs. The regular practice virtually ignores bedside observation of the action of remedies upon unhealthy or diseased conditions. It practically ignores the vegetable remedies and confines itself to the mineral drugs and animal serums. The laboratory expert administers a drug to a healthy dog in what he terms physiological doses, i. e., in doses large enough to poison the dog. From the effects which he observes upon the sick dog he presumes to judge of the therapeutic action of the drug used. From this he predicates its action upon disease conditions in the human subject. And, mind you, this decision is rendered by men who have no practical experience at the bedside—have never studied drug action as applied therapeutically for its remedial effect. In connection let me assert: No therapeutic action of drugs can ever be established through their poisonous effect upon animals, but by their effect in small, medicinal doses upon disease conditions only. Neither can the vivisectionist gain anything by the torture of helpless animals. Certainly he does not learn anything which aids him in curing the sick. Can he prescribe a remedy for disease of the heart with more precision because he has laid bare the poor creature's heart and observed its action in the living body? Can he relieve a pulmonary congestion with any more certainty by cutting away the thoracic wall and observing the alternate contraction and expansion of the lung? Is he prepared by any of these practices to do the work of a physician? Is the laboratory physician capable of advising the young man just starting in the practice of medicine? The regular school ignores bedside investigation of drugs? It ignores the action of remedies upon disease conditions. It experiments with drugs in poisonous doses, thinking to establish their therapeutic uses. It knows nothing about the action of remedies when given in small, non-poisonous doses for their direct effect upon disease conditions. It has no knowledge of the kindly

action of drugs. Its treatment of the sick today is as harsh as it was a hundred years ago, only it has assumed a different form. It has no knowledge of the conservation of the life forces, but acts contrary to natural laws. As in the olden time the doctor punished the sick with his infernal concoctions and massive doses of death-dealing drugs, unable to comprehend a kindlier method; punished them until there arose such a popular furor that a new practice of medicine was called into being; so now does the regular school see nothing in medicine but the falsely named physiological (poisonous) action of drugs and it takes its evidence from the effect they have upon a healthy dog or other animal. To it the action of the small, curative, non-poisonous dose is unknown. It is just as far from the true knowledge as was its forebears of a hundred years ago, and it is no nearer a realization of that fact than were they. It begins its deductions from false premises and is therefore bound to arrive at faulty conclusions. The poisonous action of a drug as shown upon a healthy animal bears absolutely no relation to its therapeutic action in non-poisonous, curative doses upon disease conditions.

For nearly a century the Eclectic has sat by the bedside of the sick, observing disease phenomena and giving his remedies in small, non-poisonous, kindly-acting doses, watching their effect upon the patient; observing what symptoms disappear after the administration of a remedy; noting the effect upon the different organs of the body; trying them again and again, proving them utterly. The evidence is reliable and available. He is still pursuing the same line of investigation, dealing largely with the remedies derived from the more highly organized plant life. He leaves the laboratory experimentation to his neighbor, for he knows that such experiments are absolutely unavailable when it comes to dealing with pathological states, and what he desires is to cure the afflicted. He realizes there is much to learn which can be learned only by the closest observation and attention in the sick room. The Eclectic follows a practical, observing course in his study of medicine. In the use of powerful and energetic agents, those which poison and cause death, he feels his way carefully by the small, non-toxic dose, looking always to the safety and welfare of the patient. He has respect for life in whatever form manifested, even in the lower animals, and studies how to conserve it. In the use of those drugs which lead to drug-addiction and the moral and intellectual degradation of their victims, he is extremely guarded. His aim is to do all he can to relieve suffering and leave no lasting ills of his own making

behind. He studies medicine in the only rational way, i. e., observing its effect upon the sick when administered in proper medicinal doses.

The laboratory practice leads to erroneous conclusions, disease and death; the intelligent bedside practice to restoration of health. The one leads to chaos in medicine, the other to certainty in medicine and faith in the action of remedies. One leads to torture, to no purpose, of thousands of helpless animals, the other to studied attention at the bedside of the sick. One leads to confusion and doubt, the other to success in the practice of medicine. One offers the sick a harsh, poisonous, destructive treatment, the other a kindly, humane, non-poisonous, curative treatment. The one leads to distrust of all remedies and nihilism in medical thought, the other to a positive knowledge of the properties of medicines and faith in their power for good. "Choose ye this day whom ye shall serve."

The present time is propitious for a renewal of the faith which is in us. It is a time for the spreading of the gospel of Eclecticism. If ever there was a time when our light should not be hid under a bushel, but should shine forth as a beacon to all mankind, that time is now. Let every Eclectic do his duty. Let him faithfully maintain what he knows to be right. Let him be undaunted and unafraid. Let him be a teacher and the profession of medicine will be lifted out of the darkness into which it has been plunged by the regular school. Let us preach Eclecticism—the positive, kindly action of drugs in small doses as proved by bedside experience, for it is founded on logic and common sense.

Let me sound another warning note. Let us not run after the strange gods which present themselves in the form of fads. They are only makeshifts and lead away from the true path. Their creators are as the blind who would lead the blind. Verily, they shall all fall into the ditch.

Let me repeat, if ever there was a time when Eclecticism had an opportunity to prove her worth it is now. She has everything to gain by an unwavering faith in her work. She has shown in the past a steady upward course in the direction of ultimate attainment. Let her continue in that course.

Remember, the advocates of laboratory practice have nothing to offer Eclecticism. They are groping blindly in the labyrinth of absurdity. Be warned of them. If we are right, and we are right, what be the difference whether we be popular or not? Had the great souls of all the past been afraid to stand almost alone in what they knew to be right we would

be no farther advanced along the path than the breech-cloth and the stone ax.—E. M. J.

EXTRACTS FROM ADDRESS BEFORE SPECIFIC MEDICATION CLUB, SEPTEMBER 9, 1909.

By G. W. Boskowitz, M. D.

After congratulating the society upon its fine attendance at this opening meeting, Dr. Boskowitz said:

"First let me report to you the results of the examination of our students before the State Board. I know that you have all been anxious to hear the result of this test before the single board which now controls the licensing power of this State. With the elimination of materia medica and therapeutics and the substitution of bacteriology and with but one representative of our school on the board, some fear was excited, and I think some have even been hysterical as to results. But your fear can be abated and you will rejoice when I tell you that we graduated a class of eight last year, that eight took the examination in June and that eight have their State licenses. And this reference to the examining board brings to mind two important points I wish to bring before you—government control of medicine and the elimination of materia medica and therapeutics from the curriculum. Have you ever stopped to seriously consider how this matter of government control of medicine is ultimately going to interfere with the vested rights of the people, and interfere with you and me and every other honest practitioner who is not backed by strong political affiliations or connected with the laboratories of large universities. You are already feeling this influence as exercised by local boards of health in sending presumably their diagnostician to your cases to vaccinate your patients, inject their antitoxins, etc. They have even gone so far as to deprive persons of their liberty. In the elimination of materia medica and therapeutics from the State examinations they have belittled this important subject, and the people generally are led to lose faith in medicine and seek other means of cure. The present leaders in the majority school are trying to force upon the people their laboratory products to the exclusion of drugs and medicines, the medicinal value and therapeutic action of which has been proved empirically.

"Yet more positive and better to be relied upon than the results of the experimenters. They may ascertain the amount of poison necessary to kill a healthy animal, but the other method records the use of the drugs in the treatment of sick human beings. It is not a hunt to see how much poison the

system can stand, but how little of the drug it may take to relieve diseased conditions. In my opinion the pendulum is ready to swing back. For the past few years we Eclectics have been passive—the direct abuse and ridicule of former years having ceased—the invitation to our men to join the regular ranks, etc., has made us sluggish and unmindful of the danger of being coddled to death and unmindful of the people's rights. We have been passive, but the rank and file of the old school are awakening to the danger. There is a mighty undercurrent, amounting almost to a rebellion, in the old school itself. Whether it is simply a question of self-preservation or the broader principle of the rights of the people makes no difference. We Eclectics who have so much to offer should take advantage of this state of things—give more publicity to our great work in this neglected field, show to these men, dissatisfied with the arrogance of laboratory workers, that we have been, and are at this time, gathering the facts in therapeutics by the careful observation of the action of drugs at the bedside.

"We should also remember that to accomplish a reform or to stop an abuse we must enlist the sympathies and co-operation of the people—yes, the 'common people,' for they are, after all, the ones who control the government in this country. The pioneers understood this well, for we find many pamphlets issued by them to the people.

"Times have changed, and the methods of the fathers have been improved upon. We have a better knowledge of medicine—a pleasanter medication—and why not exploit it more. Let it be known that we have faith in our medicines. You ask me how shall we accomplish this? I will tell you. Let every member of this club realize his individual responsibility and when he accepts an appointment to read a paper, accept it seriously, so that there may be no disappointment so far as the essayist is concerned at our meetings—and then, in place of confining our invitation to members only, invite physicians of other schools. Yes, I would even invite the laity. I want to close these remarks, for I see by the program that there are two essays to follow and I have already occupied more than the allotted time."—Eclectic Review.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Boston, Mass., June 28, 29, 30, and July 1, 1910. Dr. G. W. Thompson, New York City, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets in Los Angeles, May 24, 25, and 26, 1910. J. T. Farrar, M.D., Berkeley, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May, 10, 1910. Q. A. R. Holton, M.D., Whittier, President; M. Blanche Bolton, M. D., San Pedro, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. James Beard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on April 5th at 7:30 p. m. at the college. The attendance was not so large as usual.

In the absence of the president, the vice president, Dr. O. C. Welbourn, presided. The regular routine business was transacted and plans for the meetings of the Southern California Society discussed. Dr. Finch, essayist for the evening, was unable to be present.

The next meeting will be held on May 3d at the same hour and place. Dr. Finch will read a paper and Dr. Solomon report a clinical case.

Adjournment.

O. C. WELBOURN, M. D., Vice-Pres.

P. M. WELBOURN, M. D., Secy.

NOTICE OF MEETING.

The next meeting of the Southern California Eclectic Medical Society will occur on May 10 at the College, 10 o'clock a. m.

See program in this issue.

The prospects are good for a large attendance and a lively meeting. Every Eclectic and his wife and other friends are expected to be on hand and help to boost. This means YOU.

Q. A. R. HOLTON, Pres.

M. BLANCHE BOLTON, M. D., Secy.

Program for the meeting of the Eclectic Medical Association of Southern California to be held in the College auditorium, May 10, 1910, beginning at 10 o'clock a. m. sharp.

1. President's Address - - - Q. A. R. Holton, M. D.

2. Our College - - - - - J. A. Munk, M. D., Dean
Discussion opened by - - - P. M. Welbourn, M. D.
3. Co-operation of Physiological and Psychological Laws
in the Cure of Disease - - - - - Jas. Beard, M. D.
Discussion opened by - - - E. R. Harvey, M. D.
4. Indications for Gastro Enterostomy.—O. C. Welbourn, M.D.,
Discussion opened by - - - A. J. Crance, M. D.
5. Perforating Ulcer of Stomach, With Clinical Report
- - - - - L. A. Perce, M. D.
Discussion opened by - - - G. W. Finch, M. D.
6. A Case of Scarlet Fever Complicated with Diphtheria
- - - - - A. P. Baird, M. D.
Discussion opened by - - M. Blanche Bolton, M. D.
7. The Destiny of Man - - - - - Ovid S. Laws, M. D.
8. Gynecological Electro-Therapeutics - A. O. Conrad, M. D.
9. Veratrum - - - - - Orin Davis, M. D.
10. Epidemic of Measles Following Bronchitis - - - - -
- - - - - J. C. Solomon, M. D.
11. Urinary Calculi - - - - - B. R. Hubbard, M. D.
12. Consumption - - - - - M. S. Aisbitt, M. D.
13. Materia Medica - - - - - G. W. Finch, M. D.

HO! FOR LOS ANGELES.

Dear Friends:

This is the last opportunity I shall have of addressing you before the meeting of our State Society. I have made rates with the Southern Pacific to take us for one and one-third fare. In order to get the benefit of this reduction it will be necessary for us to have fifty in attendance who have come via the Southern Pacific. You who live near Los Angeles please buy your ticket over the Southern Pacific in order to help us who live farther away. It will make a difference to myself and wife of \$21. Come and bring your friends.

When purchasing a ticket of your local agent take his receipt. This will entitle you to return for one-third fare. Remember that you pay full rates to Los Angeles.

Now, friends, you have all been requested to contribute something for this meeting. We want to know something of your failures, we want to hear of your success. The Eclectic school of medicine has a wider field of action than any other school. We are bound by no strait-jacket rules but are free as the air we breathe to choose and select from whatever source we can. Once we were persecuted and we grew. Now we are offered the glad hand and some of us are becoming apathetic. We are told the lion and lamb should lie down

together. That is true, but we object to the lamb being inside the lion. Think of the amount of capital invested in our colleges and the heritage left us by those who sacrificed their all for the cause that was true and for a principle that revolutionized the practice of medicine.

We are here to stay and we are going to take on new growth. We are going to build up the California Eclectic Medical College—this grand old college that has a record of which we are proud. She has met with reverses and disaster, but she shall rise again. Her instructors are the peers of any in America. They are abreast of the times and they will fit the young man or the young lady for the great vocation of his life work.

In my opening remarks I shall say something about the man without a home. Is my meaning plain?

J. T. FARRAR, M. D., Pres.

NEWS ITEMS.

Dr. F. J. Peterson, Lompoc, accompanied a patient to the Westlake Hospital recently.

Dr. J. A. Munk and brother, Judge Monk, have returned from a trip to their ranch in Arizona.

The various professors in the California Eclectic Medical College are finishing their year's work, giving final examinations, etc., preparatory to the commencement, which will be held on May 24. The past year has been most successful in every way.

Dr. Perce, Long Beach, has been on the sick list for a few weeks, but is convalescent now.

The prospects are favorable for successful and interesting meetings of the Southern California Society and the State Society, which will meet in Los Angeles in May.

Specimens of many more Eastern wild medicinal plants have been received recently from Dr. H. L. True of McConnellsville, Ohio. They have all been carefully planted in the college botanical garden and are making a good start. The garden is flourishing.

Letters from many sources denote a revival of interest in the cause of Eclecticism. All are a unit in advocating a larger attendance and greater interest in the meetings of the local, state and national societies. The indications are favorable for an unusually large attendance at the coming meeting of the National Eclectic Medical Association in Boston, and the Pacific Coast should be represented by a large delegation.

Los Angeles County Eclectic Medical Society,

Los Angeles, California.

Greetings:

The Illinois Eclectic Medical Society meets May 25, 26, 27, 1910, at the La Salle Hotel, Chicago, and extends an invitation to any and all members of your society to meet with them and help to make this the most successful meeting they have ever had. It is hoped that your next meeting will be as successful as this promises to be, and that our societies may grow in number as they do in enthusiasm. With best wishes,

Fraternally,

ILLINOIS ECLECTIC MEDICAL SOCIETY.

Richard Jay Lambert, M. D., Cor. Secy.

The Missouri State Eclectic Medical Society will hold its forty-first annual meeting at St. Joseph, Mo., on May 24, 25 and 26, 1910.

Dr. Jerman, La Canada, called recently. The doctor's health is very much improved since moving to his ranch.

Dr. H. S. Turner, Pomona, is feeling better now, and is taking care of her office practice.

Dr. George W. Moore of Parsons, Kansas, has been spending some time in California. He is thinking of taking the State Board and locating in Los Angeles in the near future.

NOTICE.

The meeting of the National in Boston has been changed from June 21-24 to June 28, 29, 30 and July 1, 1910.

READING NOTICES.

HIGHEST THERAPEUTICAL VALUE.

Dioiviburnia has stood the critical test of the most exacting physicians for years and has been pronounced of the highest therapeutical value. Can always be relied upon in all functional disorders of the uterus and appendages, whether acute, sub-acute or chronic.

NUTRITION IN ANAEMIAS.

Defective or unsuitable food supply is one of the most frequent causes of anaemia. It is clearly manifested that not

only must we see that there is an adequate and suitable supply of food, but we must look also to its digestion and assimilation in order to obtain the benefit of the iron which it contains. The digestive secretions in these cases are apt to be defective both in quantity and quality.

The gastric mucuous membrane is atonic and enfeebled; its functions of digestion and assimilation are at low ebb, sometimes entirely abolished; in other words, anaemia is but part of the condition of which malnutrition malassimilation and faulty metabolism are the essential features. It will be seen that it is necessary in any rational treatment of these cases to awaken the dormant, torpid, nutritive functions, and restore them to physiological activity. The atonic, enfeebled condition of the digestive mucuous membrane, must be remedied. The abrogated digestive and assimilative functions must be coaxed into a proper performance of their duties by something which has a direct selective influence upon them. Until this is accomplished, ordinary food, the natural restorative as well as the natural source of iron, cannot be utilized. With restored activity of the digestive and nutritive functions, the assimilation of iron and food is assured. The stimulant and restorative action upon the digestive organs of supplied blood, has already been shown in many cases and it is indicated as the only rational remedy to restore the atonic, enfeebled digestive powers, and raise the blood to normal quality. Bovine, being perfectly preserved arterial bullock's blood, must of necessity contain every element of nutrition in the proper proportion. One strong point in its favor in the treatment of anaemia is that it requires hardly any digestion, but is immediately ready for assimilation, thereby giving the stomach absolute rest.

The extract of cod liver oil used in the preparation of Hagee's Cordial of the Extract of Cod Liver Oil Compound, is made under such conditions that the medicinally active principles of the oil are separated from the fatty materials without in the least changing their state of combination or solubility, so that even the most complex specific lecithine of cod liver oil is contained as such in the extract and transferred unchanged to the cordial.

Clinical experience with Hagee's Cordial, (an experience which has now extended over many years throughout the United States) justifies the assertion that its therapeutic indications are precisely those which belong to cod liver oil in its natural condition.

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The value of Senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of California figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "**Syrup of Figs and Elixir of Senna.**"

It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

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| Syrup of California Figs | 75 parts |
| Aromatic Elixir of Senna, manufactured by our original method, known to the California Fig Syrup Co. only | 25 parts |

Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action acceptable to the taste and never followed by the slightest debilitation.

ITS ETHICAL CHARACTER.

Syrup of Figs and Elixir of Senna is an ethical Proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully, as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna, as a laxative, is too well known to physicians to call for any special comment, but in this scientific age, it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

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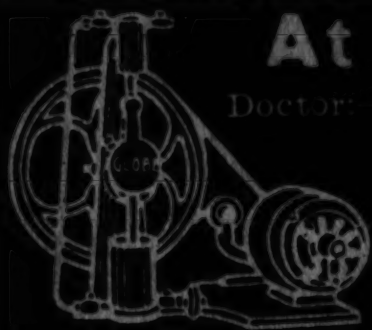
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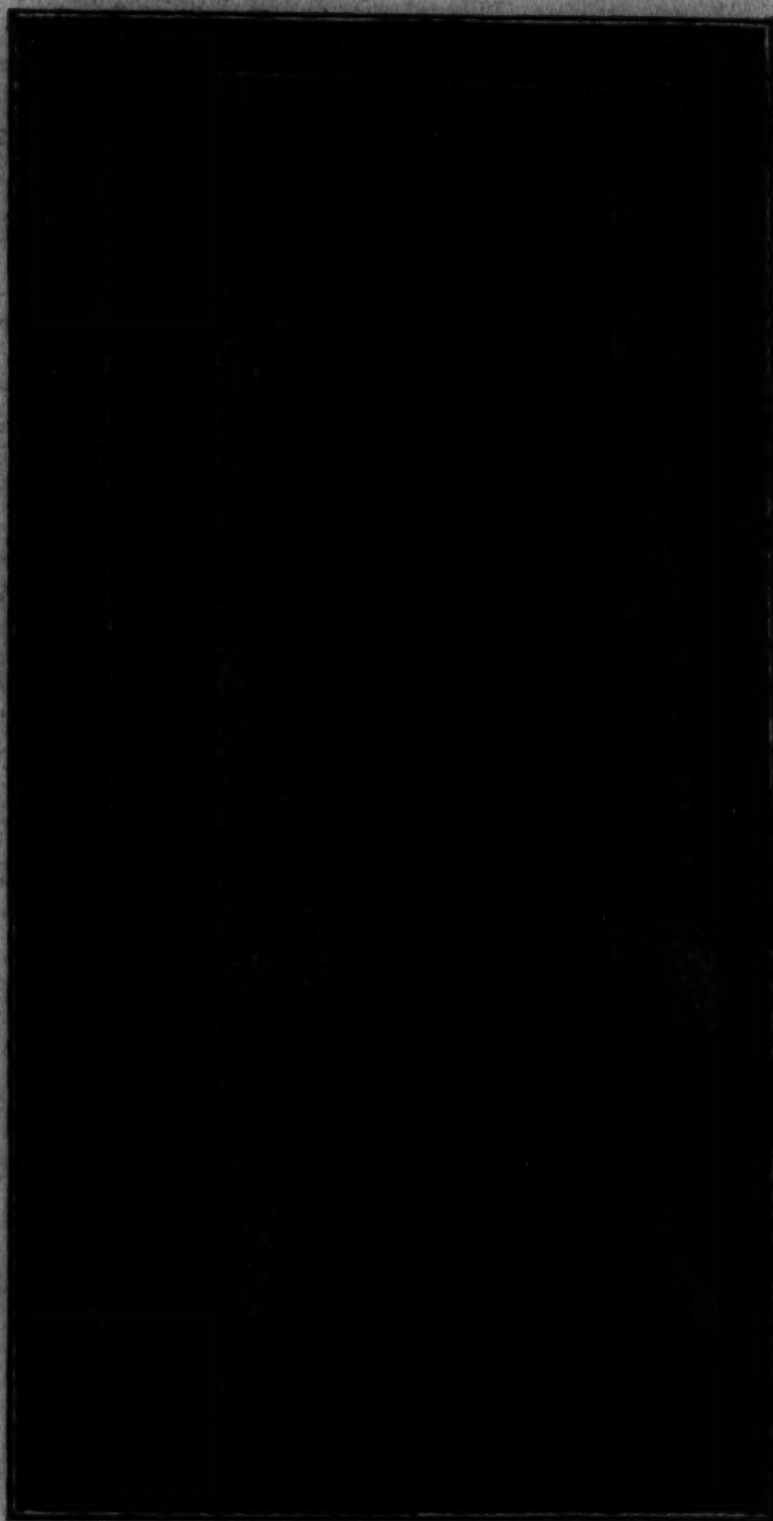
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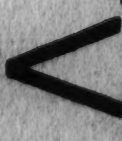
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